

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF PENNSYLVANIA

clo Garcia, clo silver,
clo Cebrick, clo Cipriani,
Sgt. Lewis, clo Kehl
(In the space above enter the full name(s) of the plaintiff(s).)

FILED
SCRANTON

AUG 31 2020

PER

DEPUTY CLERK

- against -

Andrew, Bingham #KJ 5165
Gilmore, Clarence #AM 4024
Shawndale, Miller #MC 9768
Rick, Carter #DC 9013

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

Tyrion Brockington
NG-9716
SCI-Greene
169 Progress drive, Waynesburg,
Pennsylvania, 15370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Andrew, bingham Shield # KJ516S
 Where Currently Employed N/A
 Address ~~Smart Communications~~ smart communications / PADOC
P.O. Box 33028 st Petersburg FL 33733

Defendant No. 2 Name Gilmore, Clarence Shield # Am 4024
 Where Currently Employed N/A
 Address ~~Smart Communications~~ smart communications / PADOC
P.O. Box 33028 st Petersburg FL 33733

Defendant No. 3 Name Shawndale, miller Shield # MC 9768
 Where Currently Employed N/A
 Address smart communications / PADOC
P.O. Box 33028 st Petersburg FL 33733

Defendant No. 4 Name Rick, Carter Shield # DC 9013
 Where Currently Employed N/A
 Address smart communications / PADOC
P.O. Box 33028 st Petersburg FL 33733

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Sci-dallas
1000 Follies Road Dallas, PA 18612

B. Where in the institution did the events giving rise to your claim(s) occur? RHU
K-block cell K-B 24

C. What date and approximate time did the events giving rise to your claim(s) occur? 6:30 AM

~~and date~~ date was 12/30/19

What happened to you?

D. Facts: on 12/30/19 at 6:30AM clo Garcia, and clo Kehl and Clo Cipriani and Clo Cebrick and clo Silver and Sgt. Lewis came in my cell and attacked me I was not in response they punched and kicked me and

was suffocating me with the pillowcase they hit me 4x my jaw and busted my lip.

Who did what?

All of the clo's was hitting me I was on my stomach hand cuffed with the pillow over my head they all said I can F... kill ya and get away with it Sgt. Lewis was standing there watching me no just me

Was anyone else involved?

Who else saw what happened?

All the people who I name saw the clo's come in my cell.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I had a busted lip and pictures was taken I also was put on a soft diet because I have metal plates in my jaw and they hit me there and I also was seen by the doctor.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Sci-dallas 1000 Polities Road Dallas, PA 18612
in Rnu K-block cell K-B24

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Sci-dallas 1000 Polities Road Dallas, PA 18612

1. Which claim(s) in this complaint did you grieve? that they came

in my cell and attacked me

2. What was the result, if any? they kept on denying my grievance and security came to see me bt. then

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process the appeal process

talked to security.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies: they are trying to retaliate and lie

and press charges on me and they kicked
me out the jail and all the 110's got
kicked out the RHV due to the incident.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \$911 I want \$5

\$250,000 so I can pay off my car's fines and
my a house or Apartment I can go home to when

I am Release and so I can take care of my daughter and have money on my books and put the rest in the bank and ~~pay~~ pay off lawyer fees etc.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

On these claims

4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

C. Have you filed other lawsuits in state or federal court?

Yes ____ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this Aug day of Sunday 8/23/, 2020.

Signature of Plaintiff Tyrig Brackington

Inmate Number NE-9716

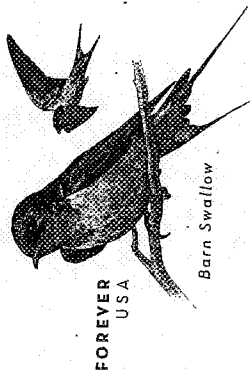
Institution Address SCI-Greene
169 Progress drive
Waynesburg, Pennsylvania.
15370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this August day of Sunday 8/23/, 20 20, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff Jyng Brookington

Tyrone Brockington
#NG-9716
Sci-Greene
169 Progress drive
Waynesburg, Pennsylvania, 15370



RECEIVED
SCRANTON

AUG 31 2020

DEPUTY CLERK

United States district court
middle district
William J. Nealon Federal building
235 Washington avenue
P.O. Box 1148
Scranton, PA 18507

DEPT

Inmate Mail - PA DEPT. OF CORRECTIONS